£	
ų.	
=	
Ĵ	
ļ.,	
2	
£j:	
ļ.	
T,	
į̃=n∤:	
Ē.	

_	
	-
4	■.
•	19

Please type a plus sign (+) inside this box +

e type a plus sign (+) inside this box + PTO/SB/01 (10-00)

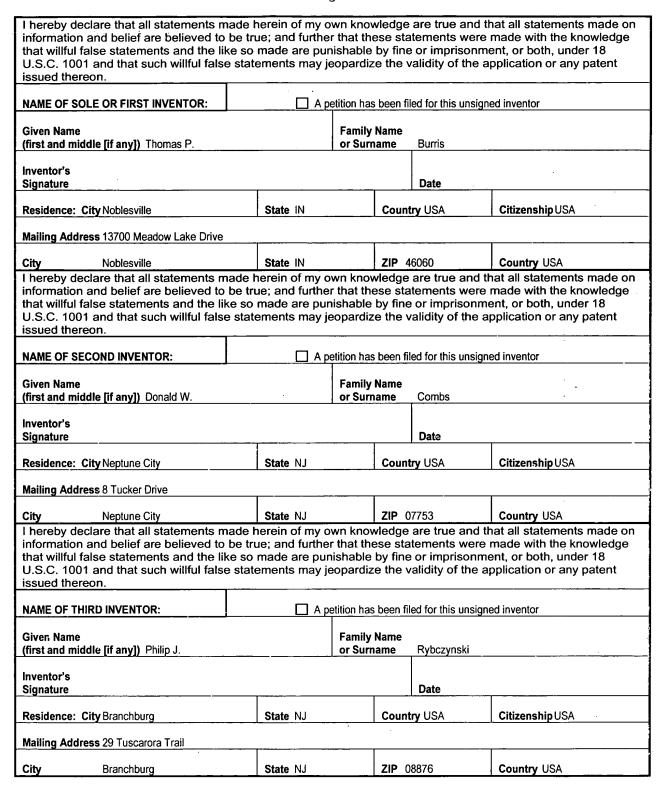
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY			Attorney Do	cket Number	ORT-1527	
			First Named Inventor Thomas P. Burris et al.			
	TY OR DESIGN		COMPLETE IF KNOWN			
PATENT APPLICATION (37 CFR 1.63)		Application	Number			
Declaration Submitted with Initial Filing	OR Initial Filing (Sur	Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Filing Date		•	
initial initig			Group Art U	nit		
	Examiner Name					
As a below named inventor	, I hereby declare that	t:				
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
	BIOLOGICALLY AC	CTIVE 4H-BE		AZIN-3-ONES		
the specification of which					:	
is attached hereto						
OR .						
was filed on as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country		Filing Date D/YYYY)	Priority Not Claime	Certified Copy Attached? YES NO	
	ation numbers are listo	d on a supplie	emental priori	ty data sheet D	TO/SB/02B attached hereto:	

DECLARATION - Utility or Design Patent Application						
I hereby claim the benefit under 35 U.S.0	C. 119(e) of any United States provisional a	application(s) listed below.				
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: Application Serial No. Filing Date Status						
09/854,302	May 11, 2001	Pending Patented Patented				
I hereby appoint: Practitioners at Customer Number AND	000027777 →	Place Custorner Number Bar Code Label Here				
Practitioner(s) named below: Name	Registration Number					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Address all telephone calls to Ellen Ciambrone Coletti at telephone number (732) 524-2359.						
Customer Number Direct all correspondence to:						
Address:						
Address:						
City:	State:	ZIP				
Country	Telephone:	Fax:				



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) Joseph		Family Name or Surname	Dudash, Jr.	
Inventor's Signature			Date	
Residence: City Hillsborough	State NJ	Count	t ry USA	Citizenship USA
Mailing Address 51 Taurus Drive, Unit 1A				
City Hillsborough	State NJ	ZIP 0	8844	Country USA